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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES



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PIN 16-02-ASC

TO: All Residential Care Facilities for the Elderly (RCFEs)

FROM: *Original signed by Pamela Dickfoss*
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Community Care Licensing Division

SUBJECT: PIN 16-02-ASC: Influenza Season, 2016-17: Protecting Residents in RCFEs

Provider Information Notice (PIN) Summary

PIN 16-02-ASC provides information and guidance on the prevention and control of influenza in RCFEs.

This PIN is intended to remind RCFE licensees about measures to protect residents during the influenza (flu) season. Federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) recommendations to prevent and control influenza in residential settings include:

- 1) **Incorporate outbreak management plan recommendations into written policies and procedures** ahead of time so that future outbreaks can be recognized early and control measures implemented promptly. An outbreak management plan should include the following:
 - The roles of visiting healthcare professionals and onsite staff;
 - How to access medical care during outbreaks on weekends and public holidays;
 - Plans for accessing antiviral medication;
 - Plans for transfer and communication with receiving facilities, should ill residents require hospitalization or other care;
 - [Contact information for the local health department.](#)
- 2) **Encourage vaccinations for residents and staff** who have not yet received the influenza vaccine this season.
- 3) **Be vigilant for cases of influenza.** Influenza should be suspected in residents or staff with influenza-like illness (ILI): fever (100°F or greater) with cough and/or sore

throat. Elderly persons with influenza might have subtle symptoms, such as a change in mental status, and might not have fever. Staff with a fever of 100°F or higher should not work.

- 4) **Report suspected or confirmed outbreaks of ILI as soon as possible** to the RCFE licensee, facility administrator or both, local health department, and your local Community Care Licensing Division Adult and Senior Care [Regional Office](#) (California Code of Regulations (CCR), Title 22, section 87211(a)(2)).
- 5) **Exclude sick staff.** Staff members with fever or respiratory symptoms should be sent home immediately. Monitor personnel absenteeism due to respiratory symptoms, and exclude staff with ILI symptoms from work until at least 24 hours after symptoms resolve without the use of fever-reducing medicines.
- 6) **Implement Infection Control Precautions** for all residents with suspected or confirmed influenza. The most important measure is to separate residents from others as much as possible, including having their meals served in their rooms, until 24 hours after their fever and respiratory signs and symptoms have resolved. Staff attending to residents with suspected or confirmed influenza should follow [universal precautions](#), where applicable. Other infection control measures include cohorting (limiting staff to attending to either ill or well residents but not both on the same shift, and not sharing of equipment between ill and well residents) and screening visitors for illness. Facility staff should make every effort to institute and maintain adequate control measures until the outbreak is declared over, in consultation with the local health department.
- 7) **Reinforce the use of other preventive health practices** to decrease spread of influenza such as respiratory hygiene and cough etiquette (see below), social distances, and hand washing. Consider curtailing social contacts and group activities for all residents. Keep visitors to a minimum during outbreaks; if visits are necessary, educate the visitor about handwashing and hygiene, encourage short visits and warn the visitor of risk factors for complications of influenza.

Additional information about infection control measures:

Standard Precautions

Standard Precautions are intended to be applied to the care of ill residents, regardless of the suspected or confirmed presence of an infectious agent.

- Perform hand hygiene
 - Before and after resident contact
 - If contact is made with potential infectious material or contaminated surfaces
 - Before putting on and after removal of personal protective equipment, including gloves

- Hand hygiene can be performed by
 - Washing with soap and water
 - Using alcohol-based hand rubs
 - Soap and water if hands are soiled
- Wear gown and gloves when providing direct care to a symptomatic resident or in contact with contaminated surfaces. Change gowns and gloves after each encounter with symptomatic resident and perform hand hygiene.

Respiratory Hygiene and Cough Etiquette

- During influenza season, post visual alerts instructing residents, staff, visitors and volunteers to report symptoms of respiratory infection to a designated person.
- Provide tissues or masks to residents who are coughing or sneezing so they can cover their nose and mouth, if possible.
- Encourage coughing persons to remain at least 3 feet away from others, if possible.
- Ensure that hand hygiene supplies are available where sinks are located and/or providing dispensers of alcohol-based hand rubs.
- Exclude staff and visitors with symptoms of respiratory infection.

Environmental measures

During a suspected or confirmed influenza outbreak:

- Increase cleaning measures, especially of frequently touched surfaces, with neutral detergent.
- Ensure there are appropriate numbers and placement of disposal units for tissues, masks, etc.
- Ensure there are appropriate cleaning processes for reusable items.

Additional questions about influenza should be directed to your local health department.

For more information on influenza:

CDC Influenza website – <http://www.cdc.gov/flu/index.htm>

CDPH Influenza website – <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>

CDC What You Should Know and Do this Flu Season If You Are 65 Years and Older – <http://www.cdc.gov/flu/about/disease/65over.htm>